

Please type a plus (+) sign inside this box -


+

PTO/SB/21 REV 1 (12/97)

Approved for use through 09/30/2000. omb 0651-0032

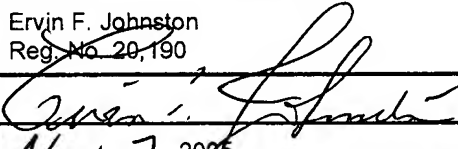
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

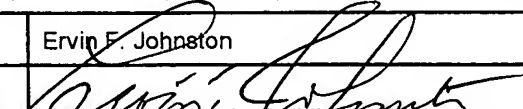
 TRANSMITTAL FORM <small>(Use for all correspondence after initial filing)</small>	Application Number	10/675,736	
	Filing Date	09/29/2003	
	First Named Inventor	Shen et al	
	Examiner Name	Allen J. Heinz	
	Group Art Unit	2653	
Total Number of Pages in This Submission	15 + postcard	Attorney Docket Number	HSJ920030040US1

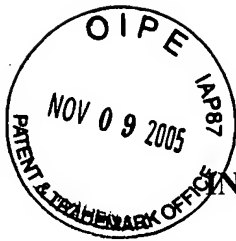
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Checklist and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO Form 1449 <input type="checkbox"/> (no.) cited references	<input type="checkbox"/> Change of Correspondence Address	<u>POSTCARD</u>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks:	
<input type="checkbox"/> PTO Form 1533		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Ervin F. Johnston Reg. No. 20,190
Signature	
Date	Nov 7, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>Nov 7, 2005</u>			
Typed or printed name	Ervin F. Johnston		
Signature		Date	Nov 7, 2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
)
Shen et al) Group No.: 2653
)
Serial No.: 10/675,736) Examiner: Allen J. Heinz
)
Filed: 09/29/2003) Docket No. HSJ920030040US1
)
For: STITCHED WRITE HEAD WITH STAIR-)
CASE P2 DEFINED THROAT HEIGHT)

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In response to the Office Action mailed 08/17/2005 please amend the application as follows..

TABLE OF CONTENTS

Amendments to the Specification	pg. 2
Amendments to the Claims	pg. 4
Remarks	pg. 9